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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	XY-001
First Named Inventor	TSIARKEZOS
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMPROVED STITCHBONDED FABRIC AND PROCESS FOR MAKING SAME

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International

Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s); or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
				YES NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent Application

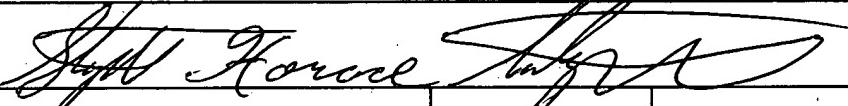
Direct all correspondence to: Customer Number _____ OR Correspondence address below

LAWRENCE ISAKOFF**Name****Address** 1425 DRAKE ROAD

City WILMINGTON	State DE	ZIP 19803
Country U. S. A.	Telephone 302-478-6522	Fax 302-478-6522

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

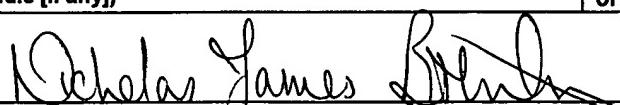
NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) STEPHEN HORACE	Family Name or Surname TSIARKEZOS		
Inventor's Signature 	Date 7/11/01		
Residence: City ELKTON	State MD	Country USA	Citizenship USA

Mailing Address 26 LAUREL ROAD

City ELKTON	State MD	ZIP 21921	Country USA
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) NICHOLAS JAMES	Family Name or Surname BROWNLESS		
Inventor's Signature 	Date 28/6/01		
Residence: City MANSFIELD	State	Country U. K.	Citizenship U. K.

Mailing Address 162 SOUTHWELL ROAD EAST, RAINWORTH, MANSFIELD, NOTTINGHAMSHIRE

City	State	ZIP NG21 0EH	Country
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	HEREWITH
First Named Inventor	TSIARKEZOS
Title	STITCHBONDED FABRIC
Group Art Unit	
Examiner Name	
Attorney Docket Number	XY-001

I hereby appoint:

Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

Practitioner(s) named below:

Name	Registration Number
LAWRENCE ISAKOFF	26,283

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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<input checked="" type="checkbox"/> Firm or Individual Name	LAWRENCE ISAKOFF			
Address	1425 DRAKE ROAD			
Address				
City	WILMINGTON	State	DE	Zip 19803
Country	U. S. A.			
Telephone	302-478-6522	Fax	302-478-6522	

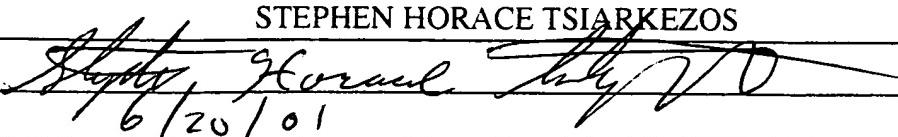
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	STEPHEN HORACE TSIARKEZOS
Signature	
Date	6/20/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on

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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
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First Named Inventor	TSIARKEZOS
Title	
Group Art Unit	
Examiner Name	
Attorney Docket Number	XY-001

I hereby appoint:

Practitioners at Customer Number

08

Practitioner(s) named below:

Name	Registration Number
LAWRENCE ISAKOFF	26,283

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	LAWRENCE ISAKOFF				
Address	1425 DRAKE ROAD				
Address					
City	WILMINGTON	State	DE	Zip	19803
Country	U. S. A.				
Telephone	302-478-6522	Fax	302-478-6522		

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	NICHOLAS JAMES BROWNLESS
Signatur	
Dat	6/28/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

"Total of 2 forms are submitted.